

EX-I-2

C EF

MS Mississippi  
**Schedule A - Itemized Deductions**  
**Schedule B - Interest & Dividends and Schedule N - Other Income**  
**2001**

Form 80-135-01-5-1-106 Rev. (6/01)

Name JONES JR ABE ETTA

Social Security Number 587-34-5613

Page 1

0	0	0	0	0	0	0
0	0	15299	0	0	0	0
0	150	15299	0	0	0	0
15299	6223	0	0	0	5873456130	
0	0	305949				

For Computer Use Only-Do Not Write Above This Line

**SCHEDULE A - Itemized Deductions - (From Federal Form 1040 Schedule A, enter the amount from the line indicated)**

If the amount of AGI on Form 1040, is more than \$132,950 (more than \$66,475 if married filing separately), you **CANNOT** use this Schedule A. You must use Federal Schedule A and complete the worksheet provided in the instructions. In the event you filed using the standard deduction on your Federal Return and wish to itemize for Mississippi purposes, please use Federal Form 1040 Schedule A as a worksheet and transfer the information from the specific lines indicated to this Schedule A.

1. a. Medical and Dental Expenses (Form 1040 Schedule A) 1.
- b. AGI from Federal Form 1040: \$ \_\_\_\_\_ X 7.5% (.075)
- c. Medical & Dental Expense Deduction (Subtract line 1b from line 1a.) 2.
2. Total Taxes Paid (Form 1040 Schedule A) 3.
3. Total Interest Paid (Form 1040, Schedule A) 4.
4. Charitable Contributions (Form 1040 Schedule A) 5.
5. Total Casualty or Theft Loss(es) (Form 1040 Schedule A) 6.
6. a. Employee Expenses & Misc. Deductions Subject to 2% Limitation (Form 1040 Schedule A)
- b. AGI from Federal Form 1040: \$ \_\_\_\_\_ X 2% (.02)
- c. Subtract line 6b from line 6a. 7.
7. Miscellaneous Deductions (including gambling losses) not subject to Federal 2% AGI Limit (Form 1040 Schedule A) 8.
8. Total Itemized Deductions (Add Lines 1c, 2, 3, 4, 5, 6c, and 7.) 9.
9. Total Amount of State Income Tax Included in Line 2 Above (From Form 1040 Schedule A) 10.
10. Mississippi Itemized Deductions - Subtract Line 9 from Line 8. Enter the amount here and on Form 80-105, Page 1, Line 19 or Form 80-205, Page 1, Line 16a. 11. 305,949
11. Mississippi Itemized Deductions (Allowance for Limitation due to AGI over \$132,950, \$66,475 if married filing separately) Enter the amount here and on Form 80-105, Page 1, Line 19 or Form 80-205, Page 1, Line 16a.

**SCHEDULE B - Interest and Dividend Income (From Federal Form 1040 Schedule B, enter the amount from the line indicated)**

If you received capital gain distributions but do not need SCHEDULE D to report any other gains or losses, then enter the gain on Form 80-105, Page 2, Line 40 or Form 80-205, Page 2, Line 39. Total interest and dividend amounts on Lines 4 & 5 below, from jointly owned accounts, may be split between taxpayer and spouse before the amounts are transferred to Form 80-105, Page 2, Lines 36 and 37, respectively.

- |  | Interest | Dividends |
|--|----------|-----------|
| 1. Interest Income (Form 1040 Schedule B)  | 1.       |           |
| 2. Interest from obligations of the U. S. Government included in Line 1 above.   | 2.       |           |
| 3. Interest on obligations of other countries, states, cities, or political subdivisions <b>OUTSIDE</b> Mississippi  | 3.       |           |
| 4. Total Interest (Line 1 minus Line 2, plus Line 3). Enter here & on Form 80-105, Page 2, Line 36 or Form 80-205, Page 2, Line 35.                                | 4.       |           |
| 5. Total Ordinary Dividends. (Form 1040 Schedule B)  |          | 5.        |
| 6. Amount of Nontaxable Distributions Reported in Line 5.  |          | 6.        |
| 7. Ordinary Dividends for Mississippi. (Line 5 minus Line 6) Enter here and on Resident Form 80-105, Page 2, Line 37 or Non-Resident Form 80-205, Page 2, Line 36. |          | 7.        |

**SCHEDULE N - Other Income or Losses and Supplemental Income**

1. Gambling winnings. (Attach all W-2Gs. List gambling losses on Schedule A, line 7, above.) 1.
2. Total Income or Loss from Form 80-108, Supporting Schedule, Page 2. 2.
3. Other income or loss. List type: \_\_\_\_\_ 3.



EXHIBIT-J

OFFICE OF THE DISTRICT ATTORNEY  
EIGHTEENTH CIRCUIT COURT DISTRICT  
JONES COUNTY



ANTHONY J. BUCKLEY  
DISTRICT ATTORNEY

DATE: 5-4-04

HON: Jay L. Jernigan

RE: State of Mississippi v. Antwain Jones

CAUSE NO: 2003-171-LR2

DEAR Jay:

I have reviewed the aforementioned file(s) and recommend the following sentence based upon your client's acceptance of responsibility by entry of a guilty plea:

If you can get your client Abe Jones to sign over the  
2 cars (Lincoln LS + Pontiac) to SEMDTF, I will dismiss the  
sale on Antwain Jones his son. Antwain is caught on video  
and the CI is available. If not, we will try Antwain this term.

PLUS court costs \_\_\_\_\_, applicable lab fees \_\_\_\_\_,

and a \_\_\_\_\_ fee to be paid to the County General Fund for attorney's fees if this a court appointed case.

This offer must be accepted and executed before Tuesday May 18<sup>th</sup>, 2004. Failure to plea your client accordingly, or the hearing of any motions, will automatically terminate this offer! This offer is based on the understanding that your client has \_\_\_\_\_ Felony convictions. If there are more felony convictions or other current charges this offer is void.

Sincerely,

Date of Acceptance: \_\_\_\_\_

  
Assistant District Attorney

\_\_\_\_\_  
Attorney for Defendant

\_\_\_\_\_  
Defendant

**Jay L. Jernigan**  
A PROFESSIONAL ASSOCIATION  
ATTORNEY AT LAW  
POST OFFICE BOX 427  
HATTIESBURG, MS 39403-0427  
jerniga@mfiir.com

631 North Main street  
Suite D  
Hattiesburg, MS 39401

OFFICE (601) 544-1422  
HOME (601) 264-5012  
FAX (601) 544-1428

September 13, 2004

Abe Jones #65170  
SMCI-II D1-33  
P. O. Box 1419  
Leakesville, MS 39451

Dear Mr. Jones:

You are correct in that I sent to your mother a copy of Agreed Order and letter from Anthony Buckley. She did contact you as your letter states to me that you received the May 4, 2004 letter. The consideration for allowing the property to be forfeited was that your son Antwain would have his sale charge dismissed that was pending. His sentence would have been 30 years if found guilty. I had reviewed the tapes of the sale charge and there is no doubt that he would have been found guilty by a jury had we gone to trial. Further enclosed please find a copy of all goods that were seized and they did not have the values you have stated.

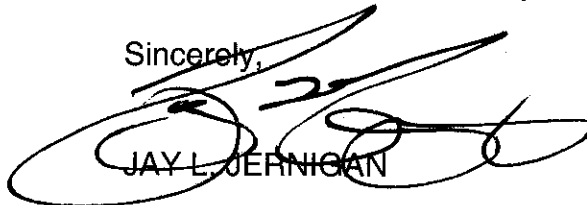
Please note that we were not given them anything that they did not already have in that there was sufficient evidence before the Court that would have allowed the Court to forfeit the property to the State of Mississippi in that you conducted your sales of drugs at your home and used your vehicles to transport the drugs. The copies of gambling receipts that you said you had would not have been determinative to overcome the forfeiture.

You failed to contact me to let me know what you wanted to do within the time period allowed by the District Attorney. I then called your mother who instructed me to sign the Order in order to prevent your son from going to jail. She indicated that you did not want Antwain to go to jail.

If you do contest these facts then I can contact Anthony Buckley who more than likely will set aside the orders and proceed to the trial of your son. That is a risk that you would take in that the evidence shows guilt of your son.

Thanking you for your attention to this matter and with best regards, I remain

Sincerely,



JAY L. JERNIGAN

JLJ/lf

EXHIBIT - L

STATE OF MISSISSIPPI)

SS

COUNTY OF Smith )

**PERSONAL AFFIDAVIT OF HILMA JONES**

I, HILMA JONES , Being First Duly sworn, Do deposes as Follow;

I, have been Granted Power of Attorney pursuant to the Durable Power of Attorney Act, MCA § 87-3-7(1972) By ABE JONES Jr.,. By, the Granting of this Power, I, have Been Giving the Authority By Abe Jones jr, to convey Any and All needed Personal and Business Transactions on Behalf of Abe Jones jr, Due to His being Incarcerated.

It has,been brought to my Attention;On or About August 27,2004 that. The Hon. JAY L. JERNIGAN,Attorney at Law had Entered An Agreed Order of Dismissal,in the County Court of Jones County,Mississippi. In, cause No:2002-211 Forfeiting the Personal Property of ABE JONES Jr and, ETTA JONES that. Was, seized by the Jones County Sheriff's Department and, the Southeast Mississippi Drug Task Force.

I, do not know and, have no knowledge of Anyone including Myself Giving, Attorney Jay L. Jernigan the Authority to Execute Any Actions of A settlement concerning the Items and, property seized from ABE JONES,Jr and, ETTA JONES.

As, the Person Authorized by ABE JONES,Jr to Conduct All Business and, Personal Transactions on his behalf. I, have not Signed or Entered in to Any Type of An Agreement or, Authorized Attorney Jay L. Jernigan. To, act as an Agent on behalf of Abe Jones,Jr, to Forfeit Any of the Property seized by the Jones County Sheriff's Department and, The Southeast Mississippi Drug task Force.

EXHIBIT-M

STATE OF MISSISSIPPI)

SS

COUNTY OF Smith )

PERSONAL AFFIDAVIT OF ETTA JONES

I, ETTA JONES, Being First Duly Sworn, Do Deposes as Follow;

It,has Been Brought to my Attention that. On or About JUNE 21,2004. Attorney JAY L. JERNIGAN, Attorney at Law 631 N.MAIN ST. Suite-D Hattiesbrug, Mississippi.39401, Entered an Alleged Agreed Order of Dismissal. In the County Court of Jones County, Mississippi, Second Judicial District, Alleging that.

I, Etta Jones and, Abe Jones,Jr had Agreed to Forfeit Property Belonging to us, to the,Jones County Sheriff's Department and Southeast Mississippi Drug Task Force, In A Forfeit matter in cause No:2002-211.

I, Etta Jones, Have not Agreed, signed or Authorized Any Such Actions. I, have only Found out About this Alleged Agreement from, Abe Jones,Jr on o~~f~~ About August 27,2004.

The Statements Alleged in this,So-called Agreed Order of Dismissal is False. Attorney Jay L. Jernigan has,falsely Accused me of Part-Taken in this Alleged Action.

At, no time have I, nor Abe Jones,Jr Advised Attorney Jay L. Jernigan to Execute,of Act as our Agent in any Matters of this Kind.

Attorney Jay L.Jernigan, Jones County Sheriff's Department and, The Southeast Misdsissippi Drug task Force Has Conspired to Deprive Abe Jones,Jr and Myself of our Property In A Non-Authorized Action Acting as our Attorney in this Matter.

Attorney Jay L. Jernigan,was Retained to Represent Abe Jones,Jr and, Antwain Jones in Criminal Matters only. Attorney Jay L. Jernigan, did not have Authority to conduct any Actions concerning the Property seized by the, Jones County Sheriff's department and, Southeast Mississippi Drug Task Force.

Due to,the UnAuthorized Actions of Attorney Jay L. Jernigan. Abe Jones And,Myself have been Deprived of the Following Listed Property Items without our Authority or Agreement to do so;

LIST OF PROPERTY DEPRIVED OF:

- (1). One 2001 Lincoln LLS vehicle, VIN# 1LNH87A51Y701314, titled in the name of Abe Jones, jr., with a lien favor of Miss. Title Loans; Purchased value of Approximately \$43,365.00;
- (2). One 2000 Pontiac Grand Am vehicle, VIN# 1G2NF52TXYM853961, Titled in the name of Abe Jones, jr. and Etta Jones, Purchased value of Approximately \$18,000.00;
- (3). One Sanyo 19" television set, valued at Approx. \$75.00;
- (4). One Gateway Computer and Accessories, valued at Approx. \$750.00;
- (5). One Epson Printer, valued at Approx. \$ 75.00;
- (6). One UMAX Scanner, valued at Approx. \$80.00;
- (7). One Allegro Video Cassette Recorder, valued at Approx. \$50.00;
- (8). one GE D.V.D. Player, valued at Approx. \$175.00;
- (9). One Cannon Camcorder, valued at Approx. \$325.00;
- (10). One Mitsubitchi Camera, valued at Approx. \$500.00;
- (11). one Emerson CD and Cassette Player, with Speakers, valued at Approx \$80.00;
- (12). One Phillips 60" television set, valued at Approx, \$3,500.00;
- (13). One Kenwood dual Cassette deck, valued at Approx. \$200.00;
- (14). One Kenwood CD Changer with Surround Sound, valued at Approx. \$400.00;
- (15). One Kenwood CD Changer, valued at Approx. \$325.00;
- (16). One Orion VCR, valued at Approx. \$45.00;
- (17). One Emerson 12" television, set, valued at Approx \$70.00;
- (18). Two Phillips Dual Cassette & CD Player, valued at Approx. \$300.00 (150.00 each);
- (19). \$1,800.00 In United States Currency (cash);

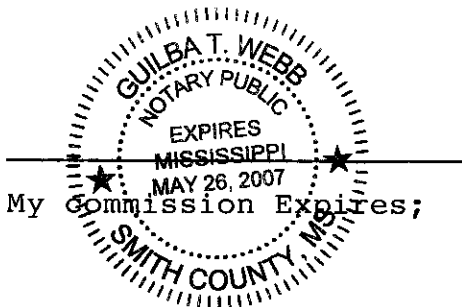
These, Items and Property Total A Value of Approximately, Seventy Thousand-One Hundred & Fifteen Dollars (\$70,115.00).

Attorney Jay L. Jernigan, Jones County Sheriff's Department, Jones County District Attorney Office and, The Southeast Mississippi Drug Task Force has Depived Abe Jones, Jr and Myself, Etta Jones of our Property by the Act of Defraud by Deceition.

The, Alleged terms of this So-Called Settlement Listed in the Agreed Order of Dismissal that. I, am Accused of Agreeing to. or False and, Untrue.

/s/ Etta Jones  
Affiant

Sworn to and Subscribed to Before me this the 9th day of SEPTEMBER, 2004.A.D.



Guilba Webb  
Notary Public

EXHIBIT-N-1-N

name, address, zip code, and telephone no.

ER STAR HOTEL & CASINO  
Box 6048  
Philadelphia, MS 39350

345731 (601) 650-1234

R'S name, address (including apt. no.), and zip code

S JR, ABE  
Box 407  
J, MS 39480

3 Type of wager  
SLOTS

4 Date won  
05-07-2001

5 Transaction  
212855

6 Race  
66720

7 Winnings from identical wagers  
N/A

8 Cashier  
BA16

9 Winner's taxpayer identification no.  
587-34-5678

10 Winner  
377

11 First I.D.  
587345613

12 Second I.D.  
587-34-5678

13 State/Player's state identification no.  
64-0345731-8

14 State income tax

OMB No. 1545-0047

2001

Form W-2G  
Certain  
Gambling  
Winnings

This information is  
being furnished to  
the Internal Revenue  
Service

## Copy B

Report this income on your  
Federal tax return. If this  
form shows Federal income  
tax withheld in box 2, attach  
this copy to your return.

Internal Revenue Service

Under penalties of perjury, I declare that to the best of my knowledge and belief, the name, address, and taxpayer identification number  
I identify me as the recipient of the payment, and any payments from identical wagers, and that no other person is entitled to any portion of the

Signature

-20

☐ CORRECTED (if checked)

PAYER'S name, address, ZIP code, Federal ID. no., and telephone no.		1 Gross winnings 1,600.00	2 Federal income tax withheld 0.00
SILVER STAR HOTEL & CASINO P.O. Box 6048 PHILADELPHIA, MS 39350  64-0345731 (601)650-1234		3 Type of wager SLOTS	4 Date won 05/10/2001
		5 Transaction 217063	6 Race 20182
		7 Winnings from identical wagers N/A	8 Cashier 115EB
WINNER'S name, address (including apt. no.), and zip code		9 Winner's taxpayer identification no. 587-34-5613	10 Window 3778219
JONES JR, ABE PO BOX 407 SOSO, MS 39480  64-0345731 (601)650-1234		11 First ID 587345613	12 Second ID 587-34-5613
		13 State/Payer's state identification no. 64-0345731-8	14 State income tax withheld 0.00
		Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.	
Signature <i>Abel Jones Jr</i>		Date 05/10/2001	

OMB No. 1545-0237

**2001**

**Form W-2G**  
**Certain**  
**Gambling**  
**Winnings**

This information is being furnished to the Internal Revenue Service.

**Copy B**

Report this income on your Federal tax return. If this form shows Federal income tax withheld in box 2, attach this copy to your return.

☐ CORRECTED (if checked)

PAYER'S name, address, ZIP code, Federal ID. no., and telephone no.		1 Gross winnings 1,600.00	2 Federal income tax withheld 0.00
SILVER STAR HOTEL & CASINO P.O. Box 6048 PHILADELPHIA, MS 39350  64-0345731 (601)650-1234		3 Type of wager SLOTS	4 Date won 05/10/2001
		5 Transaction 217068	6 Race 20182
		7 Winnings from identical wagers N/A	8 Cashier 115EB
WINNER'S name, address (including apt. no.), and zip code		9 Winner's taxpayer identification no. 587-34-5613	10 Window 3778341
JONES JR, ABE PO BOX 407 SOSO, MS 39480  64-0345731 (601)650-1234		11 First ID 587345613	12 Second ID 587-34-5613
		13 State/Payer's state identification no. 64-0345731-8	14 State income tax withheld 0.00
		Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.	
Signature <i>Abel Jones Jr</i>		Date 05/10/2001	

OMB No. 1545-0237

**2001**

**Form W-2G**  
**Certain**  
**Gambling**  
**Winnings**

This information is being furnished to the Internal Revenue Service.

**Copy B**

Report this income on your Federal tax return. If this form shows Federal income tax withheld in box 2, attach this copy to your return.

☐ CORRECTED (if checked)

PAYER'S name, address, ZIP code, Federal ID. no., and telephone no.		1 Gross winnings 1,600.00	2 Federal income tax withheld 0.00
SILVER STAR HOTEL & CASINO P.O. Box 6048 PHILADELPHIA, MS 39350  64-0345731 (601)650-1234		3 Type of wager SLOTS	4 Date won 05/10/2001
		5 Transaction 217071	6 Race 20182
		7 Winnings from identical wagers N/A	8 Cashier TUCKER, BERNITA
WINNER'S name, address (including apt. no.), and zip code		9 Winner's taxpayer identification no. 587-34-5613	10 Window 3778341
JONES JR, ABE PO BOX 407 SOSO, MS 39480  64-0345731 (601)650-1234		11 First ID 587345613	12 Second ID 587-34-5613
		13 State/Payer's state identification no. 64-0345731-8	14 State income tax withheld 0.00
		Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.	
Signature <i>Abel Jones Jr</i>		Date 05/10/2001	

OMB No. 1545-0237

**2001**

**Form W-2G**  
**Certain**  
**Gambling**  
**Winnings**

This information is being furnished to the Internal Revenue Service.

**Copy B**

Report this income on your Federal tax return. If this form shows Federal income tax withheld in box 2, attach this copy to your return.

11/9/00 Case 2:04-cv-00349-KS-MTP Document 1-2 Filed 10/13/04 Page 11 of 16

☐ CORRECTED (if checked)

PAYER'S name, address, ZIP code, Federal I.D. no., and telephone no. SILVER STAR HOTEL & CASINO P.O. Box 6048 PHILADELPHIA, MS 39350 64-0345731 (601)650-1234		1 Gross winnings 2,000.00	2 Federal income tax withheld 0.00
		3 Type of wager SLOTS	4 Date won 06/02/2001
		5 Transaction 220519	6 Race 80093
		7 Winnings from identical wagers N/A	8 Cashier 16126
WINNER'S name, address (including apt. no.), and zip code JONES JR, ADE BOX 407 15 CLARENCE KNIGHT RD SOSO, MS 39480		9 Winner's taxpayer identification no. 587345613MS	10 Winner's 3831673
		11 First ID 587345613MS	12 Second ID 58734-5613
		13 State Payer's state identification no. 64-0345731-8	14 State income tax withheld 100.00

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.

Signature: *Ade Jones Jr* Date: 06/02/2001

Form W-2G Department of the Treasury Internal Revenue Service

2001 Form W-2G Certain Gambling Winnings

This information is being furnished to the Internal Revenue Service.

Copy B Report this income on your Federal tax return. If this form shows Federal income tax withheld in box 2, attach this copy to your return.

5130 01/15 11-3 ☐ CORRECTED (if checked)

PAYER'S name, address, ZIP code, Federal I.D. no., and telephone no. SILVER STAR HOTEL & CASINO P.O. Box 6048 PHILADELPHIA, MS 39350 64-0345731 (601)650-1234		1 Gross winnings 3,400.00	2 Federal income tax withheld 0.00
		3 Type of wager SLOTS	4 Date won 06/02/2001
		5 Transaction 220402	6 Race 20130
		7 Winnings from identical wagers N/A	8 Cashier 45126
WINNER'S name, address (including apt. no.), and zip code JONES JR, ADE PO BOX 407 SOSO, MS 39480		9 Winner's taxpayer identification no. 587345613MS	10 Winner's 3831738
		11 First ID 587345613MS	12 Second ID 587345613MS
		13 State Payer's state identification no. 64-0345731-8	14 State income tax withheld 270.00

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.

Signature: *Ade Jones Jr* Date: 06/02/2001

Form W-2G Department of the Treasury Internal Revenue Service

2001 Form W-2G Certain Gambling Winnings

This information is being furnished to the Internal Revenue Service.

Copy B Report this income on your Federal tax return. If this form shows Federal income tax withheld in box 2, attach this copy to your return.

13680 14-3 01/15 ☐ CORRECTED (if checked)

PAYER'S name, address, ZIP code, Federal I.D. no., and telephone no. SILVER STAR HOTEL & CASINO P.O. Box 6048 PHILADELPHIA, MS 39350 64-0345731 (601)650-1234		1 Gross winnings 14,400.00	2 Federal income tax withheld 0.00
		3 Type of wager SLOTS	4 Date won 06/02/2001
		5 Transaction 220597	6 Race 20130
		7 Winnings from identical wagers N/A	8 Cashier 38145
WINNER'S name, address (including apt. no.), and zip code JONES JR, ADE BOX 407 15 CLARENCE KNIGHT RD SOSO, MS 39480		9 Winner's taxpayer identification no. 587345613MS	10 Winner's 3831666
		11 First ID 587345613MS	12 Second ID 58734-5613
		13 State Payer's state identification no. 64-0345731-8	14 State income tax withheld 720.00

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.

Signature: *Ade Jones Jr* Date: 06/02/2001

Form W-2G Department of the Treasury Internal Revenue Service

2001 Form W-2G Certain Gambling Winnings

This information is being furnished to the Internal Revenue Service.

Copy B Report this income on your Federal tax return. If this form shows Federal income tax withheld in box 2, attach this copy to your return.

4

☐ CORRECTED

PAYER'S name, address, ZIP code, Federal I.D. no., and telephone no. 1 Gross winnings 2 Federal income tax withheld

SILVER STAR HOTEL & CASINO 1,250.00 0.00

P.O. Box 6048 3 Type of wager 4 Date won

Philadelphia, MS 39350 SLOTS 06/03/2001

64-0345731 (601)650-1234 5 Transaction 6 Race

220719 80042

WINNER'S name, address (including apt. no.), and zip code 7 Winnings from identical wagers 8 Cashier

JONES JR, ABE N/A Hudson, Rosie

PO BOX 407 9 Winner's taxpayer identification no. 10 Window

SOSO, MS 39480 587-34-5613 3836551

11 First I.D. 12 Second I.D.

587345613MS 587-34-5613

13 State/Payer's state identification no. 14 State income tax withheld

64-0345731-8 62.50

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.

Signature *Abbe Jones Jr* Date 06/03/2001

Form W-2G

Department of the Treasury - Internal Revenue Service

OMB No. 1545-0238

2001  
Form W-2G  
Certain  
Gambling  
WinningsCopy 1  
For State Tax  
Department

☐ CORRECTED

PAYER'S name, address, ZIP code, Federal I.D. no., and telephone no. 1 Gross winnings 2 Federal income tax withheld

SILVER STAR HOTEL & CASINO 5,600.00 0.00

P.O. Box 6048 3 Type of wager 4 Date won

Philadelphia, MS 39350 SLOTS 06/03/2001

64-0345731 (601)650-1234 5 Transaction 6 Race

220704 20011

WINNER'S name, address (including apt. no.), and zip code 7 Winnings from identical wagers 8 Cashier

JONES JR, ABE N/A RH110

PO BOX 407 9 Winner's taxpayer identification no. 10 Window

SOSO, MS 39480 587-34-5613 3836407

11 First I.D. 12 Second I.D.

587345613MS 587-34-5613

13 State/Payer's state identification no. 14 State income tax withheld

64-0345731-8 180.00

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.

Signature *Abbe Jones Jr* Date 06/03/2001

Form W-2G

Department of the Treasury - Internal Revenue Service

OMB No. 1545-0238

2001  
Form W-2G  
Certain  
Gambling  
WinningsCopy 1  
For State Tax  
Department

☐ CORRECTED

PAYER'S name, address, ZIP code, Federal I.D. no., and telephone no. 1 Gross winnings 2 Federal income tax withheld

SILVER STAR HOTEL & CASINO 50,000.00 0.00

P.O. Box 6048 3 Type of wager 4 Date won

Philadelphia, MS 39350 SLOTS 06/03/2001

64-0345731 (601)650-1234 5 Transaction 6 Race

220721 80042

WINNER'S name, address (including apt. no.), and zip code 7 Winnings from identical wagers 8 Cashier

JONES JR, ABE N/A Hudson, Rosie

PO BOX 407 9 Winner's taxpayer identification no. 10 Window

SOSO, MS 39480 587-34-5613 3836551

11 First I.D. 12 Second I.D.

587345613MS 587-34-5613

13 State/Payer's state identification no. 14 State income tax withheld

64-0345731-8 62.50

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.

Signature *Abbe Jones Jr* Date 06/03/2001

OMB No. 1545-0238

2001  
Form W-2G  
Certain  
Gambling  
WinningsCopy 1  
For State Tax  
Department

5

☐ CORRECTED (if checked) 380 14/4 23.05

OMB No. 1545-0238

**2001**  
**Form W-2G**  
**Certain**  
**Gambling**  
**Winnings**

Copy B  
Report this income on your Federal tax return. If this form shows Federal income tax withheld in box 2, attach this copy to your return.

Department of the Treasury - Internal Revenue Service

1 Gross winnings 4,000.00 2 Federal income tax withheld 0.00

3 Type of wager SLOTS 4 Date won 06/05/2001

5 Transaction 221023 6 Race 80142

7 Winnings from identical wagers N/A 8 Cashier HUGHES, SHAMALI

9 Winner's taxpayer identification no. 587-34-5613 10 Window 3843215

11 First I.D. 587-34-5613MS 12 Second I.D. 587-34-5613

13 State/Payer's state identification no. 64-0345731-8 14 State income tax withheld 200.00

Name, address, ZIP code, Federal I.D. no., and telephone no.  
STAR HOTEL & CASINO  
Box 6048  
PHILADELPHIA, MS 39350  
731 (601)650-1234

Name, address (including apt. no.), and zip code  
R. ABE  
PO BOX 407  
S 39480

I, the undersigned, declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished are true and correct, and that no other person is entitled to any part of these payments.

Date 06/05/2001

☐ CORRECTED (if checked)

OMB No. 1545-0238

**2001**  
**Form W-2G**  
**Certain**  
**Gambling**  
**Winnings**

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Department of the Treasury - Internal Revenue Service

1 Gross winnings 1,200.00 2 Federal income tax withheld 0.00

3 Type of wager SLOTS 4 Date won 06/03/2001

5 Transaction 220701 6 Race 20130

7 Winnings from identical wagers N/A 8 Cashier LG 126

9 Winner's taxpayer identification no. 587-34-5613 10 Window 3836403

11 First I.D. 587-34-5613MS 12 Second I.D. 587-34-5613

13 State/Payer's state identification no. 64-0345731-8 14 State income tax withheld 0.00

Name, address, ZIP code, Federal I.D. no., and telephone no.  
STAR HOTEL & CASINO  
Box 6048  
PHILADELPHIA, MS 39350  
731 (601)650-1234

Name, address (including apt. no.), and zip code  
R. ABE  
PO BOX 407  
S 39480

I, the undersigned, declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished are true and correct, and that no other person is entitled to any part of these payments.

Date

☐ CORRECTED 14-3 0300

OMB No. 1545-0238

**2001**  
**Form W-2G**  
**Certain**  
**Gambling**  
**Winnings**

Copy 1

Department of the Treasury - Internal Revenue Service

1 Gross winnings 1,800.00 2 Federal income tax withheld 0.00

3 Type of wager SLOTS 4 Date won 06/03/2001

5 Transaction 220708 6 Race 20130

7 Winnings from identical wagers N/A 8 Cashier Hudson, Rosie

9 Winner's taxpayer identification no. 587-34-5613 10 Window 3836431

11 First I.D. 587345613MS 12 Second I.D. 587-34-5613

Name, address, ZIP code, Federal I.D. no., and telephone no.  
STAR HOTEL & CASINO  
Box 6048  
PHILADELPHIA, MS 39350  
731 (601)650-1234

Name, address (including apt. no.), and zip code  
R. ABE  
PO BOX 407  
S 39480

I, the undersigned, declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished are true and correct, and that no other person is entitled to any part of these payments.

Date

☐ CORRECTED (if checked)

OMB No. 1545-0238

**2001**  
**Form W-2G**  
**Certain**  
**Gambling**  
**Winnings**

Copy 1

Department of the Treasury - Internal Revenue Service

1 Gross winnings 4,000.00 2 Federal income tax withheld 0.00

3 Type of wager SLOTS 4 Date won 06/05/2001

5 Transaction 221006 6 Race 20231

7 Winnings from identical wagers N/A 8 Cashier LM\*204

9 Winner's taxpayer identification no. 587-34-5613 10 Window 3842930

11 First I.D. 587345613MS 12 Second I.D. 587-34-5613

PAYER'S name, address, ZIP code, Federal I.D. no., and telephone no.  
SILVER STAR HOTEL & CASINO  
P.O. Box 6048  
PHILADELPHIA, MS 39350  
64-0345731 (601)650-1234

WINNER'S name, address (including apt. no.), and zip code  
JONES JR, ABE  
PO BOX 407  
S 39480

I, the undersigned, declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished are true and correct, and that no other person is entitled to any part of these payments.

Date

☐ CORRECTED (if checked)

OMB No. 1545-0238

2002

Form W-2G  
Certain  
Gambling  
WinningsThis information is  
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PAYER'S name, address, ZIP code, Federal I.D. no., and telephone no.  SILVER STAR HOTEL & CASINO P.O. Box 6048 PHILADELPHIA, MS 39350  64-0345731 (601)650-1234	1 Gross winnings 2,400.00	2 Federal income tax withheld 0.00
	3 Type of wager SLOTS	4 Date won 03/10/2002
	5 Transaction 260276	6 Race 20130
	7 Winnings from identical wagers N/A	8 Cashier MCMILLAN, RODER
	9 Winner's taxpayer identification no. 587345613	10 Window 4531947
WINNER'S name, address (including apt. no.), and zip code JONES JR, ABE PO BOX 407 SOSO, MS 39480	11 First I.D. 587345613	12 Second I.D. 587345613
	13 State/Payer's state identification no. 64-0345731-8	14 State income tax withheld 72.00

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.

Signature

Date 03/10/2002

Form W-2G

Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

OMB No. 1545-0238

2002

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Certain  
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PAYER'S name, address, ZIP code, Federal I.D. no., and telephone no.  SILVER STAR HOTEL & CASINO P.O. Box 6048 PHILADELPHIA, MS 39350  64-0345731 (601)650-1234	1 Gross winnings 1,200.00	2 Federal income tax withheld 0.00
	3 Type of wager SLOTS	4 Date won 03/10/2002
	5 Transaction 260275	6 Race 20062
	7 Winnings from identical wagers N/A	8 Cashier ROBERSON, WAKES
	9 Winner's taxpayer identification no. 587345613	10 Window 4531936
WINNER'S name, address (including apt. no.), and zip code JONES JR, ABE PO BOX 407 SOSO, MS 39480	11 First I.D. 58734613	12 Second I.D. 587345613
	13 State/Payer's state identification no. 64-0345731-8	14 State income tax withheld 36.00

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.

Signature

Date 03/10/2002

Form W-2G

Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

OMB No. 1545-0238

2002

Form W-2G  
Certain  
Gambling  
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PAYER'S name, address, ZIP code, Federal I.D. no., and telephone no.  SILVER STAR HOTEL & CASINO P.O. Box 6048 PHILADELPHIA, MS 39350  64-0345731 (601)650-1234	1 Gross winnings 1,200.00	2 Federal income tax withheld 0.00
	3 Type of wager SLOTS	4 Date won 03/10/2002
	5 Transaction 260308	6 Race 20092
	7 Winnings from identical wagers N/A	8 Cashier WILLIS, TIMOTHY
	9 Winner's taxpayer identification no. 587-34-5613	10 Window 4532261
WINNER'S name, address (including apt. no.), and zip code JONES JR, ABE PO BOX 407 SOSO, MS 39480	11 First I.D. 587345613	12 Second I.D. 587-34-5613
	13 State/Payer's state identification no. 64-0345731-8	14 State income tax withheld 36.00

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.

☐ CORRECTED (if checked)

OMB No. 1545-0238

2002

Form W-2G

Certain  
Gambling  
Winnings

PAYER'S name, address, ZIP code, Federal I.D. no., and telephone no.  SILVER STAR HOTEL & CASINO P.O. Box 6048 Philadelphia, MS 39350  64-0345731 (601)650-1234	1 Gross winnings 3,600.00	2 Federal income tax withheld 0.00
	3 Type of wager SLOTS	4 Date won 04/11/2002
	5 Transaction 265305	6 Race 71291
	7 Winnings from identical wagers 265305	8 Cashier 71291
WINNER'S name, address (including apt. no.), and zip code JONES JR, ABE 115 ANDY KNIGHT RD, SOSO, MS 39480 64-0345731 (601)650-1234	9 Winner's taxpayer identification no. N/A	10 Window Todd, Chante
	11 First I.D. 587-34-5613	12 Second I.D. 4617609
	13 State/Payer's state identification no. 587345613MS	14 State income tax withheld 587-34-5613
	Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.	
Signature <i>Abe Jones Jr</i>		Date

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Form W-2G

Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

OMB No. 1545-0238

2002

Form W-2G

Certain  
Gambling  
Winnings

PAYER'S name, address, ZIP code, Federal I.D. no., and telephone no.  SILVER STAR HOTEL & CASINO P.O. Box 6048 Philadelphia, MS 39350  64-0345731 (601)650-1234	1 Gross winnings 200.00	2 Federal income tax withheld 0.00
	3 Type of wager SLOTS	4 Date won 03/16/2002
	5 Transaction 261083	6 Race 20130
	7 Winnings from identical wagers N/A	8 Cashier Steele, Cheryl
WINNER'S name, address (including apt. no.), and zip code JONES JR, ABE 115 ANDY KNIGHT ROAD SOSO, MS 39480 64-0345731 (601)650-1234	9 Winner's taxpayer identification no. 587-34-5613	10 Window 4546148
	11 First I.D. 587345613MS	12 Second I.D. 587-34-5613
	13 State/Payer's state identification no. 64-0345731-0	14 State income tax withheld 26.00
	Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.	
Signature <i>Abe Jones Jr</i>		Date

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Form W-2G

Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

OMB No. 1545-0238

2002

Form W-2G

Certain  
Gambling  
Winnings


PAYER'S name, address, ZIP code, Federal I.D. no., and telephone no.  SILVER STAR HOTEL & CASINO P.O. Box 6048 Philadelphia, MS 39350  64-0345731 (601)650-1234	1 Gross winnings 1,600.00	2 Federal income tax withheld 0.00
	3 Type of wager SLOTS	4 Date won 03/16/2002
	5 Transaction 261080	6 Race 20130
	7 Winnings from identical wagers N/A	8 Cashier Steele, Cheryl
WINNER'S name, address (including apt. no.), and zip code JONES JR, ABE 115 ANDY KNIGHT ROAD SOSO, MS 39480 64-0345731 (601)650-1234	9 Winner's taxpayer identification no. 587-34-5613	10 Window 4546079
	11 First I.D. 587345613MS	12 Second I.D. 587-34-5613
	13 State/Payer's state identification no. 64-0345731-0	14 State income tax withheld 48.00
	Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.	
Signature <i>Abe Jones Jr</i>		Date

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EXHIBIT - P

 HORACE OR LINDA JONES 02-84  
JONES-LAZY J, FARM  
P.O. BOX 303 PH: 729-8980  
SOSO, MS 39480


85-27/853  
6003609682

1351

Date 6/20/03

Pay To The Order Of: Jay L. Jernigan \$ 10,000.<sup>00</sup>

Ten Thousand and 00 100 Dollars

 **Trustmark**  
National Bank  
Tylorville, MS

Memo: ABE SR Antoin Linda Jones

⑆065300279⑆ ⑆6003609682⑆ 1351